

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/03/2013	
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227			
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R000000	<p>This visit was for a State Residential Licensure Survey. This visit included the Investigation of Complaint Number IN00131593.</p> <p>Complaint IN00131593 - Substantiated. State residential deficiencies related to the allegation are cited at R0215.</p> <p>Survey dates: July 1, 2, & 3, 2013.</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey team: Patti Allen - TC Leia Alley, RN</p> <p>Census bed type: Residential: 57 Total: 57</p> <p>Census payor type: Other: 57 Total: 57</p> <p>Sample: 10</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2.</p>		R000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on July 10, 2013; by Kimberly Perigo, RN.						

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R000215	<p>410 IAC 16.2-5-2(b) Evaluation - Deficiency (b) The preadmission evaluation (interview) shall provide the baseline information for the initial evaluation. Subsequent evaluations shall compare the resident ' s current status to his or her status on admission and shall be used to assure that the care the resident requires is within the range of personal care and supervision provided by a residential care facility.</p> <p>Based on record review and interview, the facility failed to supervise a cognitively impaired resident, which resulted in injuries for 1 of 16 residents who resided on the memory care unit. (Residents #A, and #D.)</p> <p>Findings Include: A review of Resident #D's clinical record, on 7/3/13 at 10:30 a.m.,. indicated Resident #D had a diagnosis of dementia with agitation.</p> <p>A facility Assessment and Service Plan dated 4/8/13, was reviewed, and indicated, Resident #D had behavioral episodes which included wandering, was easily irritable or agitated, and had repetitive physical movements.</p> <p>A nurses note dated 9/30/12 indicated, "RA [resident assistant] called and said he was stalking and</p>	R000215	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion as set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that this plan of correction be considered the letter of credible evidence and requests desk review in lieu of post re-certification survey.</p> <p>R215 410IAC 16.2-5-2(b) Evaluation</p> <p>(b) The preadmission evaluation (interview) shall provide the baseline information for the initial evaluation. Subsequent evaluations shall compare the resident's current status to his or her status on admission and shall be used to assure that the care the resident requires is within the range of personal care and supervision</p>		08/31/2013		

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	<p>following another resident in hopes of confrontation. Residents were separated and writer gave res [resident] prn [as needed] Lorazepam [generic for Ativan].</p> <p>A nurses note dated 9/30/12 indicated, "Another res [resident] was standing next to res [resident] stated "he hit my hand" writer did not observe res actions, 0 witnesses writer asked res did he hit other res hand res smiled nurse notified."</p> <p>A nurses note dated 3/7/13 indicated, "Res sitting in DR [dining room] on mc unit [memory care unit] when was approached by another res who put a hand on res shoulder and res made physical contact [with symbol] other res in the face."</p> <p>A nurses note dated 4/5/13 indicated, "Res. [with symbol] alleged aggressive behavior towards another res.... Res making allegations presents [with symbol] slight reddish discoloration to L [left] cheek area of face..."</p> <p>A nurses note dated 4/23/13 indicated, "Res to res physical altercation occurred this AM [morning]. Res hit another res on</p>		<p>provided by a residential care facility.</p> <p>The facility wishes to respectfully document that that neither the current owner, nor the current administration, were in place at the time resident "D" was admitted to the facility; and therefore, can assume no responsibility for the preadmission evaluation process that was in place at the time of admission of resident "D."</p> <p>The facility further wishes to convey and document its most sincere attempts in both advocating and caring for resident "D" prior to relocation from our community.</p> <p>The facility shall take the following corrective actions:</p> <p>1. The facility has previously reconstructed its preadmission criteria and evaluation process and has found that it works very well for the community and resident population. The facility will continue to utilize the same preadmission assessment and evaluation tool that was created in June, 2012, by the Executive Director, who is also a nurse.</p>				

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	<p>RUA [right upper arm]."</p> <p>A nurses note dated 5/3/13 indicated, "... Res reported that [indicated name] hit her on her arm x3 [three times]."</p> <p>During a review of a Facility Incident Reporting Form dated 6/9/13, on 7/2/13 at 1:00 p.m., the form indicated that Resident #D struck Resident #A in the face in a resident to resident altercation on 6/9/13 at 9:45 a.m.</p> <p>A review of Resident #A's clinical record, on 7/3/13 at 11:00 a.m., indicated Resident #A had a diagnosis of dementia.</p> <p>The Facility Incident Reporting Form dated 6/9/13 indicated Resident #A sustained injury to their face, right eye, and arm.</p> <p>The record for Resident #D indicated two other resident to resident altercations on 4/23/13 and 5/31/13, no injuries noted on those altercations.</p> <p>During an interview on 7/2/13 at 1:30 p.m., with the Executive Director, she indicated that Resident #D has been transferred to a different facility that can provide the services they needed.</p>		<p>2. The facility will continue to follow their protocol and monitor care plans and update them quarterly, or more frequently, as circumstances dictate.</p> <p>3. The facility will continue to utilize their proprietary "Special Behaviors Manual" to monitor, evaluate and address needs of our memory care residents.</p> <p>4. During the month of August 2013, a community-wide in-service to all employees will be conducted by Courtney and Associates to address escalating behaviors and resident to resident contact.</p> <p>5. During the month of August 2013, the Executive Director will conduct an in-service for the health services team members to address the ongoing evaluation of care needs and proper interventions and documentation. The in-service will include presentation of new one-on-one intervention kits formulated by the community's Activity Director, and staff will receive additional training on one-on-one interventions.</p> <p>6. The team will be trained on a newly updated social history questionnaire that will further assist in providing quality one-on-one interventions.</p>				

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	This state residential tag relates to Complaint IN00131593.				<p>All residents have the potential to be affected by deficient practice and the above cited corrective actions will be put into place as measures to ensure this deficient practice does not recur.</p> <p>This corrective action will be monitored by both the Director of Nursing and the Executive Director of the community, as well as the supervisor of the memory care unit. These three individuals will meet at least monthly or more frequently if circumstances dictate, to review and evaluate the needs and care plans of all residents who reside on the memory care unit, in an effort to ensure that the facility is able to meet the needs of each resident on the unit.</p> <p>The Director of Nursing will have the primary responsibility of ensuring compliance to this plan and the ultimate responsibility is that of the Executive Director. All in-services will be conducted by August 31, 2013, and this corrective action is ongoing in nature.</p>		

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R000414	<p>410 IAC 16.2-5-12(k) Infection Control - Deficiency (k) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Based on observation and interview, the facility failed to maintain proper infection control measures, by touching medications before administering them to residents. This involved 5 of 6 Residents observed for medication administration. (Resident # 95, #99, #97, #46, and #78) (LPN #1)</p> <p>Findings Include:</p> <p>During an observation of medication administration on 7/1/13 at 11:40 a.m., and in the presence of LPN #1 (Licensed Practical Nurse), LPN was observed to wash her hands. She proceeded to pull medication for Resident #95, she placed the tablets into her finger tips and placed them in a medication cup, pulled a different medication, placed the tablets into her finger tips, and placed the tablets in the medication cup.</p> <p>LPN #1 then pulled medications for Resident #99. She pulled one tablet, placed the tablet in her finger tips and placed the tablet in the medication cup.</p>	R000414	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion as set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that this plan of correction be considered the letter of credible evidence and requests desk review in lieu of post re-certification survey</p> <p>R414 410IAC 16.2-5-12(k) Infection Control (K) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. The facility shall take the following corrective actions:</p> <ol style="list-style-type: none"> The facility will continue to include infection control procedures during the initial orientation of all newly hired employees. The facility will perform a community-wide infection control in-service to all employees during the month of August, 2013, and will continue to provide quarterly infection control in-services, as already in place as part of the in-service program at the 		08/31/2013		

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	<p>LPN #1 then pulled medications for Resident #97. She pulled the tablet, placed the tablet in her finger tips, dropped the tablet on the medication cart, picked it up with her fingers, and placed the tablet in the medication cup.</p> <p>LPN #1 then pulled medications for Resident #46. She pulled the tablet, placed the tablet in her finger tips and placed the tablet in the medication cup, then a different medication, placed the tablet in her finger tips and placed in the medication cup, then a different medication, took the tablets and placed them in her finger tips and placed them in the medication cup.</p> <p>LPN #1 then pulled medications for Resident #78. She pulled the tablet, placed the tablet in her finger tips, and placed the tablet in the medication cup.</p> <p>During an interview with the facility Executive Director on 7/3/13 at 2:15 p.m., she indicated LPN #1 was a good nurse, was nervous during the observation, and would normally not touch a residents medication with her bare hands.</p> <p>A review on 7/3/13 at 3:45 p.m., of</p>			<p>community.</p> <p>3. The facility will perform an infection control in-service, specific to health services team members who administer medication, during the month of August, 2013. The in-service will be conducted by the Executive Director of the community in conjunction with PRN Pharmacy. The in-service will focus on the step-by-step basics of infection control in medication administration to include oral solid medications; sublingual medications; oral inhalers; eye drops, eye ointments and eardrops; nose drops and nasal sprays and inhalers; topical or external medications; transdermal medications and patches; nebulizers; suppositories; enemas and various injections. The in-service will also include the distribution and review of hand-washing techniques as recommended by both the CDC and the World Health Organization's publication "WHO Guidelines on Hand Hygiene in Health Care."</p> <p>4. The nurse observed has been educated on this observation. All residents have the potential to be affected by deficient practice and the above cited corrective actions will be put into place as measures to ensure this deficient practice does not recur.</p> <p>This corrective action will be monitored by both the Director of Nursing and the Executive Director</p>			

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	the facility's policy and procedure titled "Infection Control", undated, lacked information in regard to sanitary measures in medication administration.			of the community, who will perform medication administration observations at least monthly, for all respective team members. The Director of Nursing will have the primary responsibility of ensuring compliance to this plan and the ultimate responsibility is that of the Executive Director. All in-services will be conducted by August 31, 2013, and this corrective action is ongoing in nature. This concludes the Plan of Correction for Country Charm Village, Survey Event ID Y2E911, as written and submitted by Kamala M. West, RCA, dated July 22, 2013.			